

<b>Case Number:</b>	CM14-0094512		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/07/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48 year old male who reportedly was injured on 02/07/11 when another worker dropped a piece of metal and hit the injured worker's right wrist/hand. The records indicate that the injured worker had left shoulder surgery on 02/16/13 followed by post-op physical therapy. The injured worker is noted to have had 24 prior post-op physical therapy sessions. The injured worker also has had extensive chiropractic treatment to the right upper extremity and shoulder. Examination on 05/31/14 reported grip strength as 80/80/80 right and 85/85/85 left. Reflexes were absent in the bilateral upper extremities. Right shoulder was restricted to 170 degrees in flexion and 160 degrees abduction on active range of motion and 109-15% restriction in passive range of motion. There was tenderness, muscle spasm, and crepitus; positive Ross test; positive Apley test; positive supraspinatus press test and resist test; negative apprehension; negative arm drop. The injured worker was recommended to have 6-8 additional physical therapy visits for the shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical Therapy (PT) bilateral shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 3. Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** CA MTUS supports up to 24 visits over 14 weeks following arthroscopic shoulder surgery. The injured worker is noted to have undergone left shoulder surgery, but no operative report was provided documenting the nature of surgical intervention. The injured worker has completed 24 post-op physical therapy visits. There were no daily physical therapy progress reports submitted for review, and no office/clinic notes from [REDACTED] were provided. There is no current physical examination of the left shoulder. There is no rationale as to the need for treatment to the bilateral shoulders. Noting that there is no documentation of exceptional factors that would support the need for additional formal supervised physical therapy in excess of guidelines, it appears that the injured worker should be able to pursue an independent Home Exercise Program. Based on the clinical information provided, the request for physical therapy (PT) bilateral shoulders is not recommended as medically necessary.